

XI. INTERPRETER SERVICES

Introduction

Interpreter services provided under the terms of an agreement with DSHS-HRSA for the Interpreter Services Program will be documented and invoiced using the revised methodology for Medicaid administrative claiming that is laid out in this Manual. The automated invoice will calculate the amount of reimbursement that will be claimed for the Interpreter Services Program, and this amount shall be transferred to a separate A19-1A Invoice Voucher, for Interpreter Services. This A19-1A will be submitted to the Interpreter Services Program at HRSA, along with a copy of the invoice. The mailing address is PO Box 45534, Olympia, WA 98504. Additional information can be found via the Medicaid Administrative Match (MAM) web page:
<http://fortress.wa.gov/dshs/maa/interpreterservices/FFP.htm>

Interpreter services provided by a Local Health Jurisdiction (LHJ) claiming unit or its contractor pursuant to an agreement with the DSHS Interpreter Services Program must be furnished by an interpreter who has been certified by the State or qualified by the LHJ to perform these services. Interpreters will report their matchable time to one of three activity codes. They are:

Code 14: Interpretation for Medicaid-Covered Medical Services

Code 15: Interpretation for Medicaid Related Outreach Activities

Code 16: Interpretation for Medicaid Related Linkage Activities

Each of these codes also includes paperwork, clerical activities, staff travel, or training directly related to performing this activity. The codes are listed on the automated invoice, included in the random moment time survey, and described in detail in Quick Reference B of this Manual.

In addition, there are some clerical/administrative/support functions associated with interpreter services that can be claimed as matchable activities. These activities are not performed by interpreters, but by other employees of the LHJ. Examples of how to code different scenarios are contained later in this chapter under D. Coding Clerical/Administrative/Support Activities.

Documentation and Reimbursement Requirements

Expenditures for interpreter services will be reported on the Automated Detail Invoice for the MAM program prepared quarterly by a LHJ Claiming Unit and summarized on a separate A19-1A for Interpreter Services. The invoice permits allowable expenditures to be reimbursed via one of two methods: allocation based on the results of the Random Moment Time Survey; or direct charge based on an encounter form or log. LHJ employees who are certified or qualified employees may participate in the Random Moment Time Survey, or may keep an ongoing record of one or more of the interpreter

services activities (Code 14, 15, or 16), so that their costs may be included as a direct charge.

The actual cost of a matchable interpreter service includes salary, fringe benefits, actual operating or other costs, and a proportionate share of agency administrative costs that are not otherwise included in a state or federally approved indirect rate.

If an agency has a state or federally approved indirect rate, it may also be applied to the cost of interpreter services. Supporting documentation must be maintained in the agency's MAM audit file showing how the amount of administrative cost was developed.

A. Reimbursement for Code 14: Interpretation for Medicaid-Covered Medical Services

1. Reimbursement under this code will only be provided for interpretation provided on behalf of Medicaid beneficiaries during Medicaid billable services.
2. The Medicaid Eligibility Rate (MER) may be applied to Code 14 in one of two ways.
 - a. Interpreters can report all time spent interpreting for patients receiving Medicaid-covered services, regardless of the patient's Medicaid status. The claiming unit's MER will be applied to ensure that Medicaid pays only for its fair share of the cost. The electronic file verifying the claiming unit's MER will serve as back-up documentation.
 - b. If a claiming unit wishes to report only the time the interpreter spends providing interpreter services to Medicaid patients receiving billable Medicaid services, a 100% MER is used. The claiming unit must assure that interpreters have access to accurate information about the Medicaid status of the client in order to assure that activities coded in this way are accurate. Electronic or manual verification of the client's Medicaid status must be maintained in the Contractor's audit file.

If the latter MER method is used, and the interpreter is participating in the Random Moment Time Survey, the name of the Medicaid client being served at the time of the random moment should be noted, and kept in the LHJ's audit file. If the interpreter's costs will be direct charged, all activity reported to Code 14 must be linked to clients whose Medicaid eligibility can be verified.

B. Reimbursement for Code 15: Interpretation for Medicaid Related Outreach Services

1. Reimbursement will only be provided for interpretation related to campaigns, programs or ongoing activities targeted to 1) bringing potential eligibles into the Medicaid system for the purpose of determining eligibility or 2) bringing Medicaid eligible individuals into specific Medicaid services.
2. The MER permitted by the federal Centers for Medicare and Medicaid Services of 100% for outreach will apply. No documentation of individual Medicaid status is required.

C. Reimbursement for Code 16: Interpretation for Medicaid Related Linkage Services

1. Reimbursement will only be provided for interpretation that assists individuals to access Medicaid-covered services.
2. The discounted MER will apply, to recognize that some interpreter services may be provided to individuals whose Medicaid status is not known, but who need assistance in accessing medical services. The MER is the same MER that LHJ claiming units will apply to other matchable Medicaid administrative activities, and which is reported on the Automated Detail Invoice, and calculated quarterly according to guidelines established in the LHJ Manual for MAM Claiming.

D. Reimbursement for Clerical/Administrative/Support Activities

Clerical, administrative, and support activities performed in relation to interpretation activities may reported to the appropriate time survey activity code, either as part of the Random Moment Time Survey, or as a direct charge. If direct charged, a log must be kept by the LHJ for all matchable activities that are reported.

Following are some examples of clerical/administrative/support activities related to interpretation and how they could be coded when staff other than interpreters receive random moments.

1. A clerk receives a random moment while reviewing encounter forms and counting up the amount of time an interpreter spent on Code 14. This activity is necessary for calculating the amount of time that will be direct charged on the quarterly MAM invoice, A19-1A.

Use Code 23-MAC Administrative Coordination and Claims Administration, since determining the amount of interpreter time that can be claimed is necessary for the preparation of the invoice.

2. A PHN receives a random moment while calling to arrange for an interpreter for a Medicaid-covered service, i.e. MSS visit or Immunization.

Use Code 8-Referral, Coordination & Monitoring of Medicaid Services, as access to care occurs because of the interpreter service. Sometimes the client may be on Medicaid, sometimes not, so the discounted MER is applied.

3. A program manager receives a random moment while reviewing the QA & coding on the Interpreter Services Forms for accuracy and completeness.

Use Code 23-MAC Administrative Coordination and Claims Administration. Coding accuracy is necessary for assigning time and costs to the proper matchable code on the direct charge worksheet of the invoice.

4. A group of nurses and their supervisor brainstorm during a staff meeting on how to secure the services of a certified/qualified interpreter who speaks Mixtec. Their current interpreter contractor does not have anyone fluent in this language.

Use Code 19-Community Resource Development, not Code 21-Medicaid Provider Relations, since the interpreters are not Medicaid providers themselves.

5. A nurse supervisor conducts a performance evaluation for an in house interpreter, or orients a new interpreter who is an in house employee.

Use Code 25, General Administration, as performance evaluations and new employee orientations are agency-wide functions.

6. A program manager conducts an informational meeting for individuals outside the agency interested in becoming qualified or certified interpreters.

Use Code 19 – Community Resource Development, as the purpose of this activity is to expand the access of Medicaid populations to Medicaid-covered services and to improve the quality of Medicaid-covered services.